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Before the Public Health Committee

***In Support of SB 957: AN ACT CONCERNING THE OVERSIGHT OF HEALTH CARE IN CORRECTIONAL INSTITUTIONS BY THE DEPARTMENT OF PUBLIC HEALTH***

Good evening Senator Anwar, Representative McCarthy-Vahey and members of the Committee, my name is Becky Simonsen and I am a Vice President with District 1199 New England. Our union represents 26,000 health care workers in Connecticut, including 7,000 health care workers at a variety of state agencies. This includes all 600 front line health care workers in the Connecticut Department of Corrections. As a proud member of 1199 and of the Regulate DOC Health Care Coalition, I am here today to testify in support of Senate Bill 957.

Our members at state agencies are doctors, nurses, social workers and other healthcare professionals. They uphold the constitutional mandate to treat and rehabilitate people who are incarcerated - an aging population with acute medical and mental health conditions.

But systemic understaffing of health services in DOC prevents 1199 healthcare workers from upholding their constitutional mandate to provide care. The scope of this shortage is severe: there are over 2,500 healthcare vacancies across all state agencies. In DOC, there are 224 healthcare vacancies. To take one critical job as an example: in DOC, there are 93 nurse vacancies alone, which represents a stunning vacancy rate of 44% for that job title in DOC.

The staffing crisis has lowered staffing ratios so severely that these settings are now unsafe for everyone, patients and workers. It is crucial that we remember the root of this staffing crisis: systematic underfunding of health services over time--systematic devaluation of people who are incarcerated, overwhelmingly black and brown, and the people who provide them care, disproportionately black and brown.

Unfortunately, up to this point DOC (as well as other state agencies) have not hired enough new staff in response to the staffing crisis and the unsafe conditions it has produced. Since July 1, 2022, DOC has hired only 83 healthcare staff, while 35 healthcare staff have left the agency. This net gain of fewer than 50 staff does not come close to addressing the dire situation we face.

But if we paid nurses enough, they would join the state workforce and meet the critical health care needs of people who are incarcerated. And we all know we have the resources to pay our frontline nurses enough. At a time when the state faces a multibillion-dollar surplus, the Rainy Day Fund is overflowing, and our wealthy corporations and residents are prospering, surely we can allocate funding to hire more staff so we can provide quality care to people who are incarcerated.

But addressing the recruitment and retention of healthcare staff to fill existing vacancies is not enough. 1199 members estimate that an additional 342 healthcare staff would be required to provide a community standard of care. Without taking action to not only protect but expand healthcare and mental healthcare services, and without taking action to institute oversight of the healthcare system in DOC, the staffing crisis will continue to have tragic and sometimes deadly consequences. Staffing ratios are so unsafe for the incarcerated population that they often have to wait months to see a doctor, only for their sicknesses to become more emergent, painful, and expensive. 1199 members routinely report that preventative care is impossible under current conditions. They are simply doing the best they can to triage emergencies. 1199 members are frequently forced to work under protest in several facilities. They are mandated to stay at work over and over again, required to triage crises rather than act proactively, and frequently work below the already unsafe minimum staffing levels. This is inhumane and immoral. This is a matter of racial justice - we know mass incarceration disproportionately harms black and brown communities. This is a matter of gender justice – as the lack of reproductive care impacts incarcerated women.

Connecticut can and should choose to make a real investment to address the staffing crisis in DOC healthcare, oversee quality care for people who are incarcerated, and provide comprehensive re-entry services to give people the support they need when they re-enter our communities. This will improve the public health and quality of life for all.